

**Advisory on Prescribing Buprenorphine-Mono-Product  
and Buprenorphine-Combined-with-Naloxone for  
Opioid Use Disorder During COVID-19 State of Emergency**

**Adopted by the Kentucky Board of Nursing on December 17, 2020**

In response to the novel coronavirus (COVID-19) pandemic and subsequent declaration of State of Emergency by Governor Andy Beshear, the Kentucky Board of Nursing has received inquiries from licensees and others about APRN prescribing of buprenorphine-mono-product and buprenorphine-combined-with-naloxone, hereinafter referred to generally as buprenorphine. The Board would like to remind all APRNs who prescribe buprenorphine for opioid use disorder that such prescribing calls upon licensees to conform with acceptable and prevailing nursing practices and the provisions of 201 KAR 20:065.

If, during the COVID-19 state of emergency, an APRN prescribing buprenorphine for the treatment of opioid use disorder is unable to conform to professional standards for prescribing of this drug due to circumstances beyond the APRN's control, or the APRN makes a professional determination that it is not appropriate to comply with a specific standard, based upon the individual facts applicable to a specific patient's diagnosis and treatment, the APRN shall document those circumstances in the patient's record and only prescribe buprenorphine to the patient if the patient record appropriately justifies the prescribing under the circumstances.

The standards of acceptable and prevailing nursing practice that apply under normal circumstances may not apply in a state of emergency. During this time, it is particularly important that APRNs responsibly exercise their best clinical judgment on a case-by-case and patient-by-patient basis, balancing a variety of factors (including being mindful of the ongoing opioid epidemic). When considering whether to have an in-person patient visit, licensees should ask themselves whether the service provided would be retrospectively deemed necessary if the patient were to become infected by COVID-19 as a result of the visit. Where possible, telehealth should be utilized in an effort to limit and contain the spread of COVID-19. For instance, the current but temporary state of emergency may be a circumstance in which it would not be appropriate to require a patient to come in prior to authorizing an additional buprenorphine prescription as a part of continued medication assisted therapy. The APRN should consider whether the patient has a history of compliance with treatment directives, and whether the patient is established and stable on the medication. If it is a matter of refilling the same medication at the same dosage for an established patient, in order to avoid exposing the patient or others to the current environment, it may be appropriate to authorize an additional prescription based upon a telehealth visit. For patients beginning treatment of opioid use disorder with buprenorphine, in order to avoid exposing the patient or others to the current environment, it may be appropriate to screen the patient using telehealth technologies in order to determine whether an in-person examination is warranted. In this state of emergency, telehealth may be a clinically sound approach for some patients and some conditions, but for others it may not. It is appropriate to use telehealth resources to help make such a determination on patient-by-patient basis.